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Period D

OUTLINE: Should Euthanasia be permitted?

An essential aspect of euthanasia is that it involves taking a human life, either one's own or that of another. Also, the person whose life is taken must be someone who is believed to be suffering from some disease or injury from which recovery cannot reasonably be expected. Finally, the action must be deliberate and intentional. Thus, euthanasia is intentionally taking the life of a presumably hopeless person. Whether the life is one's own or that of another, the taking of it is still euthanasia.

Thesis:

Physician assisted suicide should not be allowed because

Exploration:

Euthanasia is a very controversial issue which many people embrace while others reject. The moot question is whether or not a patient suffering excruciating pain from a terminal illness or is the agony of an incurable disease should have the power end their lives with the help of a physician. While the idea of injecting a patient with a lethal drug is incomprehensible to many individuals, others feel this is a great idea for scores of suffering people.

The Debate:

Yes, Euthanasia should be legal:

The supporters of this policy argue as their primary reason that Euthanasia relieves the excruciating pain that the patients are suffering from. When a person's pain cannot be controlled with even the best palliative care, or when a person has lost all independence and control over his or her body, permitting euthanasia is the only compassionate response.

No, Euthanasia should not be legal:

The ones who oppose Euthanasia provide two reasons. One, allowing the practice would undermine society's respect for human life and death. Second, legalizing euthanasia would damage medicine by transforming doctors from healers into killers. Taking these two reasons into account, it is clear that permitting terminally ill people to choose euthanasia would eventually lead to the killing of society's most vulnerable citizens without their consent.

Introductory Paragraph

First Body Paragraph:

Thesis: Legalizing Euthanasia would undermine medical research and the doctors’ obligation to save a person’s life.

Evidence 1: The International Code of Medical [Ethics](http://www.cmf.org.uk/index/ethics.htm) as originally adopted by the World Medical Association in 1949, in response to the Nazi holocaust, declares 'a doctor must always bear in mind the obligation of preserving human life from the time of [conception](http://www.cmf.org.uk/index/the_status_of_the_embryo.htm) until death.’ (Somerville)

Evidence 2: Euthanasia in Nazi Germany. Many of those involved in the euthanasia program there were doctors who were motivated initially by compassion for their victims. Their consciences, and that of the society which allowed them to do what they did, became numbed. The [testimony](http://www.cmf.org.uk/index/evangelism.htm) at Nuremberg of Karl Brandt, the medic responsible for co-ordinating the German euthanasia programme is a chilling reminder of how conscience can gradually change:

'My underlying motive was the desire to help individuals who could not help themselves... such considerations should not be regarded as inhuman. Nor did I feel it in any way to be unethical or immoral.' (Saunders)

Evidence 3: A 1998 study found that doctors who are cost-conscious and 'practice resource-conserving medicine' are significantly more likely to write a lethal prescription for terminally-ill patients. (Somerville)

Closing: If euthanasia is legalised we can expect advances in ktenology (the science of killing) at the expense of treatment and symptom control. This will deteriorate the commitment of doctors and nurses to save a person’s life and will in turn encourage further calls for euthanasia.

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Second Body Paragraph

Thesis: Euthanasia exposes vulnerable people to pressure to end their lives.

Evidence 1: Family or others involved with the sick person may regard them as a burden that they don't wish to carry, and may put pressure (which may be very subtle) on the sick person to ask for euthanasia. Increasing numbers of examples of the abuse or neglect of elderly people by their families makes this an important issue to consider. (Brock)

Evidence 2: People who are ill and dependent can often feel worthless and an undue burden on those who love and care for them. They may actually be a burden, but those who love them may be happy to bear that burden. Nonetheless, if euthanasia is available, the sick person may pressure themselves into asking for euthanasia. (Brock)

Evidence 3: The last few months of a patient's life are often the most expensive in terms of medical and other care. Shortening this period through euthanasia could be seen as a way of relieving pressure on scarce medical resources, or family finances.

It's worth noting that cost of the lethal medication required for euthanasia is less than £50, which is much cheaper than continuing treatment for many medical conditions.

Some people argue that refusing patients drugs because they are too expensive is a form of euthanasia, and that while this produces public anger at present, legal euthanasia provides a less obvious solution to drug costs.

If there was 'ageism' in health services, and certain types of care were denied to those over a certain age, euthanasia could be seen as a logical extension of this practice. (Brock)

Third Body Paragraph

Thesis: Voluntary euthanasia leads inevitably for unethical killing and involuntary euthanasia

Evidence 1: Evidence that such safeguards are ineffective can be found in the Netherlands, where euthanasia remains technically illegal but has been practiced openly for years. According to the Remmelink Report, commissioned by the Dutch Ministry of Justice, there were over 3,000 deaths from euthanasia in the Netherlands in 1990. More than 1,000 of these were not voluntary. Other assessments have been far less conservative, and these figures pre-date February 1994 when euthanasia in that country was effectively legalized. (Humphry)

Evidence 2: Euthanasia during Nazi Germany. Leo Alexander, a psychiatrist who worked with the Office of the Chief of Counsel for War Crimes at Nuremberg, described the process in the New England Medical Journal in July 1949:

'The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the attitude, basic in the euthanasia movement that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non- Germans.' (Saunders)

Evidence 3: In one 1994 case in Netherlands, a psychiatrist assisted in the suicide of a woman whose only malady was that she was grief-stricken over the death of her two sons. The psychiatrist was acquitted by a Dutch court, and his license was not even suspended. (Baird)

Evidence 4: Evidence 4: American experience with abortion. Many people have trouble believing that euthanasia could ever become widespread, but few people in the early 1960s imagined that abortions would ever become as common as they are. Early on in the abortion controversy, many people assumed that abortion would only be used in cases of rape or incest—just as advocates of euthanasia now assure people that euthanasia will only be used in extreme circumstances. But as physician Leon R. Kass and attorney Nelson Lund note, "Massive numbers of abortions are now being performed, far beyond what was originally expected, and for reasons not originally regarded as appropriate. (Baird)

Conclusion

In the span of roughly thirty years, America has moved from legalizing passive euthanasia for comatose patients to debating whether doctors should help terminally ill patients commit suicide (and this practice has been legalized in Oregon). The Netherlands, decades ahead of the United States in its progress down the slippery slope, has already moved from physician-assisted suicide to active euthanasia and finally to the involuntary killing of over one thousand of its citizens per year. The experience of the Netherlands should serve as a grave warning to Americans. The United States must reverse its slide down the slippery slope by instituting a federal ban on physician-assisted suicide and active euthanasia.